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STATEMENT UNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: Warsaw Orthopedic, Inc.	
plication No./Patent No.: 10/731,210	Filed/Issue Date: December 9, 2003
Entitled: MULTI-AXIAL BONE SCREW ASSEMBLY	
Warsaw Orthopedic, Inc.	
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, title, and interest; or	
2. an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is %	
in the patent application/patent identified above by virtue of either:	
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.	
OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below: B. Thomas Barker, John Stewart Young, Craig M. Squires, David Brumfield, Chris E. Johnson and 1. From: The document was recorded in the United States Patent and Trademark Office at Reel 010390 , Frame 0110 , or for which a copy thereof is attached.	
From: SDGI Holdings, Inc. To: Warsaw Orthopedic, Inc. The document was recorded in the United States Patent and Trademark Office at Reel 018688 , Frame 0760 , or for which a copy thereof is attached.	
3. From:	To:
The document was recorded in the Unit	ted States Patent and Trademark Office at, or for which a copy thereof is attached.
Additional documents in the chain of title are listed on a supplemental sheet.	
Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]	
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.	
- 'A MANA	October 10, 2008
Signature	Date
Brad A. So	•
Printed or Typed Nam	Telephone Number
Attorney (Registration No. 45,431) Title	

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO hereby revoke all previous powers of attorney given in the application identified in the attached statement under 7 CFR 3.73(b). hereby appoint: 52,196 Practitioners associated with the Customer Number: Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Registration Name Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X 52,196 The address associated with Customer Number: OR Firm or Individual Name Address State Zip City Country Email Telephone Assignee Name and Address: Warsaw Orthopedic Inc. 2500 Silveus Crossing Warsaw, Indiana 46581 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee. and must identify the application in which this Power of Attorney is to be filed.

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SIGNATURE of Assignee of Record

The individual whose signature, and title is supplied below is authorized to act on behalf of the assignee

Signature

Noreen C. Johnson Vice President

Name

Date

Telephone

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